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ABSTRACT

This series of four fact sheets addresses the health and human service needs of Asian American children living in New York City. The first fact sheet, "Snapshots of New York City: An Overview of Asian American Families," discusses the diversity of the Asian American and Pacific Islander (AAPI) population in New York, examining AAPI neighborhoods, family resources, and education and linguistic isolation. The second fact sheet, "Education and New York's Asian American Children," focuses on understanding English, the progress of all English Language Learners (ELLs), failure to graduate, lack of Asian American presence, cultural influences, and parent involvement. The third fact sheet, "Child and Family Health of New York's Asian American Community," discusses barriers to health care, maternity care, hepatitis and tuberculosis, mental health, and adolescent health concerns. The fourth fact sheet, "Understanding Issues of Abuse and Neglect and Asian American Families," focuses on linguistic obstacles, cultural differences, issues of neglect, foster care, and immigration law. (SM)

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COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES FACT SHEETS

A Series to Promote Better Understanding of the Health and Human Services Needs of Asian American Children and Youth in New York City

The Coalition for Asian American Children and Families
April 2001

UD034403

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THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES

fact sheet

Snapshots of New York City: An Overview of Asian American Families

Despite the image of "successful" immigrants, a significant portion of the Asian American population is far from living the American dream. For many in New York City's Asian American population, the problems of poverty, overcrowded housing, and limited English proficiency are very real. ❖ Nationally, the Asian American and Pacific Islander (AAPI) populations consists of at least 21 distinct Asian ethnic groups and over a dozen Pacific Island nations.[1] The community's cultural and linguistic needs are often unmet, and sometimes unacknowledged, by health and human services providers.

AAPIs IN NEW YORK CITY

In a span of two decades from 1980-2000, the Asian American Pacific Islander population increased at least 231% from 239,338 to 792,477 (792,477 being the unadjusted number of AAPI of one race from 2000). The Asian American and Pacific Islander populations in New York City in 2000 totaled 9.9% of the city population.

When including those Asian Americans or Pacific Islanders in combination, meaning those who marked Asian or Pacific Islander and one or more other race categories, the AAPI population would increase to 888,307, which is 11.1% of NYC's population.[2] In 2000, the largest Asian ethnic group was the Chinese, followed by Indians, Koreans, Filipinos, Pakistanis, Japanese and Bangladeshis.[3]

New York City By Race/Ethnicity, 1999

	TOTAL POPULATION	% OF CITY POPULATION
Asian & Pacific Islander	783,058	9.8%
White	2,801,267	35.0%
Black	1,962,154	24.5%
Multiracial Hispanic	1,991,744	24.9%
Other	76,096	1.0%
Multiracial Non-Hispanic	393,959	4.9%
AA or PI in combination	95,830	1.2%
NEW YORK CITY	8,008,278	100%

Data derived from analysis by the Asian American Federation Census Information Center (Federation CIC).
◦ Non-Hispanic numbers were used for racial groups for the purpose of adding to 100%. Hispanic origin can be of any race.
• If Hispanic AAPIs are included, the total AAPI population would increase to 792,477 equal to 9.9% of the city's population.

* All U.S. Census Bureau information includes Asian American and Pacific Islander data. Other sources specify only Asian American data. ** In Census 2000, Asians and Pacific Islanders were separated into different race catagories. For the purpose of comparing between 1990-2000, the numbers from these two groups have been collapsed here.

NEW YORK'S AAPI NEIGHBORHOODS[4]

Nearly three-quarters of the New York City Asian population are concentrated in Queens and Brooklyn. Most live within nine community districts made up of mainly low- to middle-income communities with limited health care, child care and youth services.

FAMILY RESOURCES

Although Asian New Yorkers have relatively high median household income rates, this figure hides the reality of multiple wage earners living in the same households, each wage earner having a low individual income. A higher percent of adult Asians are in the workforce, more than any other group. Even so, 32.5% of Asian New Yorker households have annual incomes below the city's average of $35,000. When individual income for adults is considered, most Asian ethnic groups fall below the city median.[3]

In 1999, 51.8% of Asian American mothers who gave birth in New York City were on Medicaid, *see page 2* >

indicating low-income households.[4]

Nearly 20% of all Asian households in the city are overcrowded, defined as having more than one person per room. This is more than five times the number of white households and twice that of African American households. Foreign born Asians also pay the highest median rent.[3]

Although many would qualify and benefit greatly from it, Asian New Yorkers utilize public assistance far less than any other ethnic group (only 7.2% of households as compared to the NYC average 19.2% of households).[2] This low use may reflect the inaccessibility of services rather than true need. Accessing services may be complicated by language barriers, lack of knowledge, and a cultural reluctance toward accepting public assistance. Also, many are not eligible to receive public assistance due to immigration status.

EDUCATION AND LINGUISTIC ISOLATION

Although a high percentage of Asians over 25 years of age have at least a college degree (36.1%), a disturbingly high number have not finished high school (23.9%).[2] Additionally, a college degree from another country often does not translate into occupational success, since limited fluency in English is a cause of significant underemployment of former professionals.

see page 3 >

Where are AAPIs Living? Population By Borough

BOROUGH	1990	2000	1990-2000		2000	1990-2000		1990-2000
	AAPI Population	AA or PI Alone	AA or PI Alone Population Difference	% increase	AA or PI in Combination	AA or PI Alone or in Combination Population Difference	% increase	% Growth Range
Brooklyn	111,251	187,283	76,032	68.3%	211,371	100,120	90.0%	68.3%–90.0%
Queens	238,336	392,831	154,495	64.8%	437,353	199,017	83.5%	64.8%–83.5%
Manhattan	110,629	145,607	34,978	31.6%	159,082	48,453	43.8%	31.6%–43.8%
Bronx	35,562	41,503	5,941	16.7%	52,349	16,787	47.2%	16.7%–47.2%
Staten Island	16,941	25,253	8,312	49.1%	28,152	11,211	66.2%	49.1%–66.2%
NYC	**512,719**	**792,477**	**279,758**	**54.6%**	**888,307**	**375,588**	**73.3%**	**54.6%–73.3%**

* 2000 data is not adjusted for undercount.

** Percent growth is given as a minimum and maximum range due to changes in data collection in the 2000 Census; respondents were allowed to choose more than one race catagory.

Data derived from analysis by the Asian American Federation Census Information Center (Federation CIC).

Language also becomes a problem for children, as well. The 1990 Census found that in Queens, 33% of Asian American children aged 5 to 13 spoke only an Asian language and were therefore linguistically isolated. Ninety-six percent of Asian American children in New York State live in households with foreign born parents.[2] A total of 45.7% of New York City Asian households in 1990 were deemed to be linguistically isolated which means that no one over 14 speaks English "very well." ❖

[1] *The Health Status of Asian Pacific Islander Americans in California.* The California Endowment and California HealthCare Foundation, April 1997
[2] U.S. Census Bureau, Census 2000, analyzed by the Asian American Federation Census Information Center, May 2001.
[3] U.S. Census Bureau, Housing and Vacancy Survey, 1996 [4] NYC Department of Health Summary of Vital Statistics, 1998.

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THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES seeks to improve the quality of life for the New York City Asian American community by facilitating access to health and human services that are sensitive to all Asian American children and families.

OTHER FACT SHEETS IN THIS SERIES: ❖ Education and New York's Asian American Children ❖ Child and Family Health of New York's Asian American Community ❖ Understanding the Issues Around Child Abuse and Neglect and Asian American Children

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fact sheet

Education and New York's Asian American Children

The number of Asian American school-aged children and adolescents in New York City is growing rapidly. The population itself is ethnically diverse. It is a mix of recent immigrants, and children and grandchildren of immigrants. Much of their educational and developmental needs are unique, characterized by the stress of acculturation and intergenerational conflict.

Despite common stereotypes of Asian Americans' high educational achievement, Asian Americans are represented at both ends of the spectrum of educational attainment. In New York City, while 36.1% of Asian Americans age 25 and over have at least a college degree, 23.9% did not complete high school.[1]

UNDERSTANDING ENGLISH

Comprehending English is a significant hurdle for a large percentage of foreign-born Asian New Yorkers of all ages. Many immigrants arrive knowing little or no English. Of all Asian American children in NYS, 96% live in households with foreign-born parents.[2] A total of 45.7% of New York City Asian households were deemed to be linguistically isolated (meaning no one over 14 speaks English "very well") in 1990.[1]

The 1990 Census found that in Queens, 33% of Asian American children ages 5 to 13 spoke only an Asian language and were, therefore, linguistically isolated. By ages 14 to 17, the 1990 Census found that the segment that spoke only an Asian language had dropped to 16.7%.

During the 1998-1999 school year, 10.8% of the total student population in the city's public schools was Asian American.[3] That same year, 27,329 children with limited English proficiency accounted for nearly one-quarter of Asian American students. Children whose predominant language is an Asian language accounts for almost one-fifth of all English Language Learners (ELL).

THE PROGRESS OF ELL STUDENTS[4]

The New York City Board of Education found that ELL students who entered the school system early, i.e., in kindergarten and grade 1, acquired English proficiency relatively quickly and were highly successful on standardized tests. In general, students with relatively strong proficiency in both English and their home language were able to meet the program exit criterion. However, students who started with relatively low levels of proficiency in English and in their home language, and students who entered the school system late, i.e., in grade 6 or later, had more trouble meeting the exit criterion and had lower graduation rates.

Among all the ELL students in the cohort class of 2000 (those who entered grade 9 in 1996 or who were in grade 11 during the school year of 1998-1999), whose home language is Chinese, more than half did not take the English Regents exam, less than a quarter passed, and almost one-fifth did not pass. Of all *see page 2 >*

PREDOMINANT ASIAN LANGUAGES OF ELL STUDENTS IN NYC PUBLIC SCHOOLS, 1998-1999

LANGUAGE	NUMBER OF CHILDREN	PERCENT OF TOTAL ELL STUDENTS
Chinese	15,395	10.4%
Bengali	3,768	2.5%
Urdu	3,087	2.1%
Korean	2,447	1.7%
Punjabi	1,894	1.3%
Hindi	738	Less than 1%

Source: Facts & Figures, Board of Education of the City of New York, 1999

those who did pass, the majority of them barely passed with a grade of 55 to 64 out of 100. Failing to pass the English Regents exam results in not being able to graduate high school.

FAILING TO GRADUATE

Many recent Asian immigrants, particularly those from very poor and rural backgrounds, may have little formal education and may not be able to read or write even in their native language. While younger children easily acquire English, adolescent immigrants have more difficulty and less years in school to master English. In the graduating class of 1999, 12.4% of the students are Asian. Almost one-third of Asian American students failed to graduate from the city's public schools with their class; 10.0% of the students dropped out before reaching graduation, and 22.5% failed to graduate on time but continued their studies.[5]

LACK OF ASIAN AMERICAN PRESENCE

Although 10.8 % of the student body is Asian American, only 1.2 % of principals/assistant principals and 2.8% of teachers are Asian American.[3] The low number of Asian Americans on school staff can lead to linguistic and cultural miscommunications between faculty, staff, students, and parents. In addition, students have few Asian American role models in their schools. On top of this, many schools do not include in the curriculum aspects of Asian American history and culture. Schools may feel Asians are represented in world history classes, but do not acknowledge the presence and impact of Asians in U.S. history, society, and culture.

GRADUATION AND DROPOUT RATES FOR PUBLIC SCHOOL STUDENTS, CLASS OF 1999

	% GRADUATES	% DROPOUTS	% STILL ENROLLED
Asian	67.5%	10.0%	22.5%
White	71.3%	10.4%	18.4%
Black	44.4%	18.6%	37.0%
Hispanic	40.2%	22.4%	37.5%
TOTAL NYC	50.1%	17.5%	32.4%

Source: Class of 1999 Four Year Longitudinal Report and Event Drop Out Rates, Board of Education of the City of New York

CULTURAL INFLUENCE TO CONSIDER

Many Asian American students, regardless of immigration or citizenship status, are taught at home to respect authority and rules, and remain modest. These ideals may conflict with American expectations of students within a school environment that awards outspokenness and promotes individual thinking.

PARENT INVOLVEMENT IN SCHOOLS

Cultural and language barriers have an impact on the involvement of Asian American parents in their children's schools. American schools encourage parent involvement and activism. In Asia, teachers have a great deal of authority and parents are not expected to actively participate in the schools. Many immigrant parents may be unfamiliar with what being an "involved parent" entails. Since meetings and other activities are not usually scheduled to accommodate immigrant parents' long and late work hours, many Asian American parents may not have the time, nor the flexible schedule, to become active in their child's school. Parents who are not English proficient may be intimidated or embarrassed, and choose not to become involved, especially if schools do not make translated materials and interpreters available. ❖

[1] 1990 Census, US Bureau of the Census [2] *Housing and Vacancy Survey*, US Census Bureau, 1996 [3] *Facts & Figures 1998-1999*, Board of Education of the City of New York, 1999 [4] ELL Subcommittee Research Studies Progress Report, Board of Education of the City of New York [5] *Class of 1999 Four Year Longitudinal Report and Event Drop Out Rates*, Board of Education of the City of New York

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Child and Family Health of New York's Asian American Community

Asian Americans are the fastest growing segment of the New York City population, and Asian Americans have the second highest birth rates in New York City.[1] However, health services have not been prepared to adequately meet the needs of this growing and diverse population. In many cases, problems are created and compounded by linguistic and cultural barriers that serve to significantly undermine efficient access and adequate care.

BARRIERS TO CARE

Financial Restrictions

➤ lack of health insurance

➤ low income and increasing poverty levels make paying out of pocket difficult

➤ fear of lost wages and long, rigid work hours prevent people from seeking care when needed

Cultural and Language Differences

➤ limited number of bilingual/ bicultural providers

➤ possible mistrust of Western medicine

➤ lack of importance placed on preventive care

➤ tendency to seek care only when health conditions become serious

➤ little knowledge about subsidized care

Fears

➤ Undocumented immigrants may fear disclosing their status and seek care from underground illegal clinics.

➤ Documented immigrants may fear that accessing subsidized care will threaten residency status, application for citizenship, or later ability to sponsor relatives.

MATERNITY CARE[1]

➤ In 1999, more than half (51.8%) of Asian American births were covered by Medicaid, more than double that of 1990 (21.9%).

➤ While Medicaid enrollment among Asian Americans is growing, the continuing lack of access is reflected by Asian Americans still having the highest percentage of self-paid births in New York City.

➤ From 1981 to 1999, births to mothers of Asian ancestry increased 63%.

➤ Births to Asian American mothers showed a large proportional increase from 1983-1999 (351%) while Whites experienced only a 1.6% increase and Blacks, a 5% decrease.

➤ There is an alarmingly high percentage of Asian Americans receiving little or no prenatal care, especially among women from South Asia and Korea.

METHOD OF PAYMENT FOR CARE, BY PERCENT OF LIVE BIRTHS AND ETHNICITY – NEW YORK CITY, 1999

	WHITE	BLACK	HISPANIC	ASIAN	ALL
Self-paid	4.0%	3.8%	3.4%	5.1%	3.9%
Medicaid	18.9%	57.4%	70.0%	51.8%	49.5%
Other	76.7%	36.4%	25.7%	42.3%	45.4%
Not stated	0.5%	2.5%	0.9%	0.9%	1.2%

Source: NYC Department of Health Summary of Vital Statistics

HEPATITIS AND TUBERCULOSIS

Hepatitis B and tuberculosis are both highly endemic in Asian countries. With increasing immigration from Asia, rates of diseases have increased at alarming rates in New York City.

➤ From July to December 1997, 531 children were born in New York City to women who tested positive for hepatitis B; 60% of these children were Asian American.[3]

➤ Asian Americans have the highest rate of TB of any broadly *see page 2* >

defined ethnic or racial group, especially among children and the elderly.[3]
➤ Asian Americans accounted for 24.1% of the total TB cases in New York City in 1999.[3]

MENTAL HEALTH

Traditionally, mental illness holds a great stigma in Asian cultures. Also, sharing one's problems outside the family such as through professional counseling is highly discouraged. However the need among Asian Americans for professional mental health care appears great. According to mental health care providers:
➤ Depression and anxiety disorders are the most common mental illnesses seen among Asian immigrants.
➤ Asian American children and teenagers are considered highly prone to depression citing pressure to succeed in school as a primary source of stress and anxiety.
➤ Risk factors for depression and anxiety disorders include ethnic identity conflict, isolation, and acculturation stress.
➤ A national survey showed Asian American children (under 18 years old) were least likely among Whites, Blacks, and Hispanics to receive mental health care.[5]
➤ Of all the children in New York City receiving licensed mental health services in 1995, only 1% were Asian American.[4]
➤ In New York City in 1999, suicide was one of the ten leading causes of death for Asian Americans of all ages, but was not a leading cause of death for any other racial group.[1]

➤ Nationally, in 1997 suicide alarmingly ranked as the leading cause of death among Indians ages 15-24.[1]
➤ Asian American women ages 15-24 have a higher rate of sucide than Whites, Blacks, and Hispanics in that age group.[6]

According to a national survey:[7,8]
➤ 30% of Asian American girls in grades 5-12 reported suffering from depressive symptoms.
➤ Asian American girls reported the highest rates of depressive symptoms compared to White, Black, and Hispanic girls.
➤ Asian American teenage boys were more likely than their White, Black and Hispanic peers to report physical or sexual abuse.

ADOLESCENT HEALTH CONCERNS

There are various areas of concern when it comes to adolescent health, including alcohol and substance abuse, tobacco use, HIV/AIDS and other sexually transmitted diseases. Because little data are available on Asian American youth, it is difficult to assess the prevalence among Asian Americans, evaluate the risks associated with the behavior, and develop preventive measures.

WHAT WE DO KNOW:

➤ In New York City more than two-thirds of all Asian Americans reported to be HIV infected are immigrants and refugees.[9]
➤ A recent national study has found that Asian Americans have the highest increase in smoking rates of any group from the 7th to 12th grades.[10] ◆

LIVE BIRTHS BY ETHNICITY – NEW YORK CITY, 1999

	LIVE BIRTHS	% MOTHERS WITH LATE OR NO PRENATAL CARE
Asian Indian	1,882	11.6%
Bangladeshi	1,360	14.1%
Chinese	5,216	4.8%
Filipino	839	7.5%
Korean	890	11.6%
Pakistani	1,331	34.2%
Other Asian	3,479	10.1%
NYC TOTAL	123,739	10.7%

Source: NYC Department of Health Summary of Vital Statistics, 1999

[1] *Summary of Vital Statistics 1999*, The City of New York. Office of Vital Statistics, New York City Department of Health. [2] Data provided by Perinatal Hepatitis B Prevention program, New York City Department of Health Bureau of Immunization. [3] New York City Department of Health, Tuberculosis Control Program. [4] Ku, L. & Matani, S. *Immigrants' Access to Health Care and Insurance on the Cusp of Welfare Reform*. Assessing the New Federalism. Urban Institute. June 2000. [5] New York State Office of Mental Health. 1995 Patient Characteristics Survey. 1997 [unpublished data] as cited in *Keeping Track of New York City's Children*, Citizens' Committee for Children of New York, 2000. [6] *Monthly Vital Statistics Report*. Center for Disease Control and Prevention/National Center for Health Statistics; Vol. 46, No. 1. August 17, 1997. [7] *The Commonwealth Fund Survey of the Health of Adolescent Girls*. The Commonwealth Fund, 1998. [8] *The Commonwealth Fund Survey of the Health of Adolescent Boys*. The Commonwealth Fund, 1998. [9] *AIDS Case Surveillance Quarterly Report*. New York State Department of Health Bureau of HIV/AIDS Epidemiology, September 30, 1998. [10] National Youth Tobacco Survey, American Legacy Foundation 2000 as cited in *NY Times*, January 23, 2001

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Understanding the Issues of Abuse and Neglect and Asian American Families

Traditionally, Asian American communities have not been considered a population of primary concern in child welfare. As a result, child welfare policies and services are rarely designed to meet the needs of the Asian American community. The Asian American community is in no way immune to the problems surrounding child abuse and neglect. Asian American families, especially immigrant families, may unknowingly get in trouble with the law simply because of differences in cultural influences on child rearing. ❖ Child welfare professionals, mandated reporters and the community in general need assistance to better understand the immigrant families that they encounter. Clearly, no one wants a child be in danger, or suffering from physical or emotional neglect or abuse. At the same time, no one wants to traumatize a child and family by unnecessarily removing a child from a home because a reported incident of abuse or neglect is in fact merely a cultural difference.

LINGUISTIC OBSTACLES

➢ Immigrant families who have limited English proficiency face difficulties while seeking preventive services, during an investigation, and at Family Court. This is due in part to the lack of bilingual and bicultural child welfare professionals and the families' lack of knowledge of the child welfare system.

➢ Though using a child as an interpreter for parents who are not proficient in English is in violation of the parents' civil rights, this practice is not uncommon. The consequences are:

- The child may exercise inappropriate control over a parent and could falsely report abuse or neglect to punish the parent, or
- the child may feel obligated to protect the family and fail to disclose any information.

➢ Language barriers may lead to improper notification of families of the removal of their child. The situation may be further aggravated when notifications are only in English and caseworkers and lawyers are not bilingual.

CULTURAL DIFFERENCES

Asian American parents may not know which child rearing practices are considered abusive or neglectful in the U.S.

➢ Traditional Asian disciplinary practices include spanking. Asian American parents may not be familiar with alternative parenting skills and disciplinary practices, such as time-outs.

➢ Traditionally, Asian families may not be as verbally or openly affectionate toward children as families are expected to be by American standards.

➢ Traditional Asian homes are more hierarchical in nature. In Western families, the parent-child relationship may seem more peer-like and equal.

➢ Culture can influence a parent's decision to determine whether or not a child is mature to be left home alone. A child who is considered old enough to be left at home alone by Asian immigrant parents, may be considered too young by American standards.

➢ Many Asian parents may choose to use traditional Asian medicine to treat ailments before seeking treatment from Western clinics or emergency rooms.

➢ Some forms of traditional medical treatments, such as "coining" or "spooning," may leave red marks on the child's skin that can be mistaken for evidence of abuse.

➢ Asian families that come from rural areas may dress children in clothing appropriate for their home country but not appropriate here because of climate and weather.

➢ The sharing of rooms and beds is not only culturally appropriate but also an economic necessity given that nearly one-fifth of *see page 2 >*

all Asian households in New York City are overcrowded.

ISSUES OF NEGLECT

Among all reported child welfare cases, 92 percent are ones of neglect rather than abuse. Frequently, neglect cases result from the families' financial situation and lack of resources. There is a great need among low-income Asian American families for affordable health care, child care, and youth programs in New York City.[1]

In many immigrant households both parents must work long, and often late hours to support their families. Many families may not be able to afford quality child care. The waiting lists for subsidized child care is so lengthy that eligible children may have to wait for years. Others may not have family or find babysitters to care for their children. These families may face charges of neglect when they decide to bring their children to potentially dangerous workplaces or leave children home alone.

Some parents may face charges of educational neglect. Some children may miss days of school because they have to stay home to watch younger siblings, or have to act as interpreters for parents, or simply skip school on their own volition. Parents may not respond to letters from the school because they may not be able to read the letter or not realize the consequences of truancy.

FOSTER CARE

Asian American children removed from their homes are rarely placed with Asian American foster care families except those who are placed in kinship care. When children are placed into families of entirely different backgrounds, problems regarding culture, language, and religion can arise. For example, foster families may prepare foods that are forbidden by the child's religion. Also, young children who do not speak English may not be able to communicate with their foster parents, and may eventually lose the ability to speak the language of their birth parents.

IMMIGRATION LAW

➢ Many Asian American families may not access needed services such as child care, foster care, and preventive care due to unfounded misconceptions of the consequences.

- Documented families may fear that accessing these service would have negative repercussions on their citizenship application.
- Undocumented families may fear their citizenship or immigration status would be questioned, even though states are not required to verify status.

➢ Families may not realize that undocumented immigrants can serve as kinship care families.

➢ Undocumented status also has an impact on family reunification.

- Undocumented children who are placed into foster care are eligible for a green card, or permanent resident status.
- For parents who are undocumented, a report of child abuse can lead to their arrest and deportation, even if their child is being kept in the U.S. in foster care. A parent overseas will not be able to meet a court's requirements to be granted custody again, and all chances at returning a child home may be lost.

A child's life should never be endangered, but sometimes a decision to remove a child from a home is made without taking into account the family's cultural context or the functioning of the parents as a whole. Though ignorance of the law is not a sufficient excuse and the safety of the child must be protected, a more balanced investigation of suspected Asian American child maltreatment is urged in light of the profound cultural differences and the pervasive lack of knowledge about the American child welfare philosophy. ❖

[1] CACF, *Half-Full or Half-Empty*
For more information, please refer to CACF 's report on child abuse and neglect issues in the Asian American community.

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THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES seeks to improve the quality of life for the New York City Asian American community by facilitating access to health and human services that are sensitive to all Asian American children and families.

OTHER FACT SHEETS IN THIS SERIES: ❖ Snapshots of New York City: An Overview of Asian American Families ❖ Child and Family Health of New York's Asian American Community ❖ Education and New York's Asian American Children

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